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PTO/SB/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application	09/828,072
	Filing Date	April 6, 2001
	First Named	Melissa E. Scott
	Group Art Unit	1636
	Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number PK4835

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Change of Correspondence Address Declaration and Power of Attorney Renewed Petition under 37 CFR 1.137(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Frank P. Grassler Reg. No. 31,164 Telephone: (919) 483-2482
Signature	 23347 PATENT TRADEMARK OFFICE
Date	August 26, 2002

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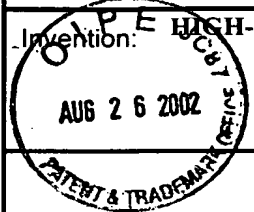
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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)			Docket No. PK4835
Applicant(s): SCOTT et al.			
Serial No. 09/828,072	Filing Date April 6, 2001	Examiner	Group Art Unit 1636

Invention: **HIGH-THROUGHPUT SCREENING ASSAYS BY ENCAPSULATION**



I hereby certify that the following correspondence:

Response to Decision Dismissing Petition under 37 CFR 1.137(b) and accompanying documents

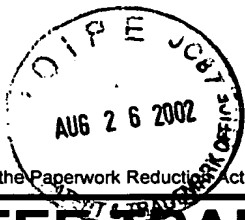
(Identify type of correspondence)

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/828,072
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 6, 2001
		First Named Inventor	Melissa E. Scott
		Examiner Name	
TOTAL AMOUNT OF PAYMENT		Group Art Unit	1636
\$1,280.00		Attorney Docket No.	PK4835

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																															
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity																																															
Deposit Account Number: 07-1392		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
Deposit Account Name: GlaxoSmithKline		105	130	205	65	Surcharge - late filing fee or oath																																											
The Commissioner is authorized to: (check all that apply)		127	50	227	25	Surcharge - late provisional filing fee or cover sheet																																											
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		139	130	139	130	Non - English specification																																											
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination																																											
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.		112	920*	112	920*	Requesting publication of SIR prior to Examiner action																																											
1. BASIC FILING FEE		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action																																											
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>740</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>206</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>510</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>740</td><td></td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	201	740	370	Utility filing fee		106	206	330	165	Design filing fee		107	207	510	255	Plant filing fee		108	208	740		Reissue filing fee		114	214	160	80	Provisional filing fee		SUBTOTAL (1)						115	110	215	55	Extension for reply within first month	
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																												
101	201	740	370	Utility filing fee																																													
106	206	330	165	Design filing fee																																													
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108	208	740		Reissue filing fee																																													
114	214	160	80	Provisional filing fee																																													
SUBTOTAL (1)																																																	
2. EXTRA CLAIM FEES FOR UTILITY AND		116	400	216	200	Extension for reply within second month																																											
Extra Claims		117	920	217	460	Extension for reply within third month																																											
Total Claims - 20** = 0 X Fee from below = 0.00		118	1,440	218	720	Extension for reply within fourth month																																											
Independent Claims - 3** = 0 X Fee from below = 0.00		128	1,960	228	980	Extension for reply within fifth month																																											
Multiple Dependent		119	320	219	160	Notice of Appeal																																											
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>203</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>202</td><td>84</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>204</td><td>280</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>209</td><td>84</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>210</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>\$0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	103	203	18	9	Claims in excess of 20		102	202	84	42	Independent claims in excess of 3		104	204	280	140	Multiple dependent claim, if not paid		109	209	84	42	** Reissue independent claims over original patent		110	210	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$0.00	120	320	220	160	Filing a brief in support of an appeal	
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																												
103	203	18	9	Claims in excess of 20																																													
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109	209	84	42	** Reissue independent claims over original patent																																													
110	210	18	9	** Reissue claims in excess of 20 and over original patent																																													
SUBTOTAL (2)					\$0.00																																												
**or number previously paid, if greater; For Reissues, see above		121	280	221	140	Request for oral hearing																																											
		138	1,510	138	1,510	Petition to institute a public use proceeding																																											
		140	110	240	55	Petition to revive - unavoidable																																											
		141	1,280	241	640	Petition to revive - unintentional	1,280.00																																										
		142	1,280	242	640	Utility issue fee (or reissue)																																											
		143	460	243	230	Design issue fee																																											
		144	620	244	310	Plant issue fee																																											
		122	130	122	130	Petitions to the Commissioner																																											
		123	50	123	50	Processing fee under 37 CFR § 1.17(q)																																											
		126	180	126	180	Submission of Information Disclosure Statement																																											
		581	40	581	40	Recording each patent assignment per property (times number of properties)																																											
		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))																																											
		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))																																											
		179	740	279	370	Request for Continued Examination (RCE)																																											
		169	900	169	900	Request for expedited examination of a design application																																											
		Other fee (specify) _____																																															
		SUBTOTAL (3)					\$1,280.00																																										

SUBMITTED BY		Complete (if applicable)			
Name	Frank P. Grassler	Registration No. (Attorney/Agent)	31,164	Telephone	(919) 483-2482
Signature	<i>Frank P. Grassler</i>	Date	August 26, 2002		

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